EXHIBIT "C"

LINCARE
19387 U.S. 19 NORTH
CLEARWATER, FLORIDA 33764

TEL: 727-530-7700 EXT. 5348
800-284-2006
FAX: 727-431-1245

PAUL W. TRIPP
ACQUISITIONS ATTORNEY

LINCARE®

April 5, 2007

VIA CERTIFIED MAIL,
RETURN RECEIPTS REQUESTED

Mr. James Doyle
8 Massasoit Avenue
Pawtucket, Rhode Island 02861

Doyle Respiratory, LLC
150 Main Street
Pawtucket, Rhode Island 02860
Attention: To Whom It May Concern

Re: Demand regarding your competing against Lincare Inc. ("Lincare")

Dear Mr. Doyle and To Whom It May Concern:

In connection with that certain acquisition by Lincare of substantially all the assets of Respiratory Solutions, Inc. ("RSI") and affiliated entities of RSI, you accepted employment with Lincare and, contemporaneous with the acquisition's closing and as a condition thereof, executed a certain employment agreement with Lincare (the "Agreement"). As you know, at the time of closing, you possessed an ownership interest in RSI by and through certain options or warrants, and, in consideration of the Agreement, your employment with Lincare, and in consideration of additional monthly compensation you received from Lincare, you agreed in the Agreement not to compete with Lincare for a period of two years after the date your employment with Lincare ceased for any reason whatsoever. Specifically but not exhaustively, you agreed not to engage in the business of marketing, advertising, selling, leasing, renting, distributing, or otherwise providing oxygen, oxygen equipment, durable medical equipment, and supplies to customers in their homes or in alternate site care facilities within fifty miles of any location at which you were based or had management responsibility during the term of your employment under the Agreement. Lincare's records indicate your employment with Lincare ceased on or about May 6, 2005.

Lincare understands that Doyle Respiratory, LLC, a Rhode Island limited liability company, directly competes with Lincare within the territory as defined in the Agreement. Lincare further understands that you are affiliated with and/or have an ownership interest in Doyle Respiratory, LLC. As a result, your affiliation with and/or ownership interest in Doyle Respiratory, LLC is in violation of your non-competition covenant and constitutes a material breach of the Agreement.

Lincare demands that you immediately cease and desist from any further activities violative of your covenant obligations. Furthermore, Lincare demands that you provide a written confirmation that you have so ceased and desisted within five (5) business days' receipt of this notice. Lincare hereby reserves its rights under the Agreement and otherwise, including without limitation Lincare's equitable and legal rights under the Agreement.

Please govern yourself accordingly.

Sincerely,

Paul W. Tripp

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Doyle Respiratory, LLC
150 Main Street
Pawtucket, RI 02860
Attn: To Whom It May Concern

2. Article Number (Transfer from service label) 7004 1160 0003 3848 2816

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Certified Mail
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SENDER: *COMPLETE THIS SECTION*

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1. Article Addressed to:

Mr. James Doyle
8 Massasoit Avenue
Pawtucket, RI 02861

2. Article Number (Transfer from service label) 7004 1160 0003 3848 2823

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
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Certified Mail ...
- A mailing receipt ...
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Important Remind...
- Certified Mail ma...
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- NO INSURANC... valuables, please...
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